



PARTNERING TO BUILD ALASKA'S
BASIC INFRASTRUCTURE

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Section A: Application for Federal Assistance SF-424	
*1. Type of Submission: ☐ Preapplication ☐ Application ☐ Changed/Corrected Application	
*2. Type of Application: * If Revision, select appropriate letter(s): ☐ New ☐ Continuation ☐ Revision *Other (Specify): _____	
* 3. Date Received:	
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
*5b. Federal Award Identifier:	
State Use Only:	
6. Date Received by State:	
7. State Application Identifier:	
8. APPLICANT INFORMATION:	
*a. Legal Name:	
*b. Employer/Taxpayer Identification Number (EIN/TIN):	
*c. Organizational DUNS:	
d. Address:	
*Street 1: _____ Street 2: _____ *City: _____ *State: _____ *Country: _____ *Zip / Postal Code: _____	
e. Organizational Unit:	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____ *First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____	
Title:	
Organizational Affiliation:	
*Telephone Number:	
Fax Number:	
*Email:	

Application for Federal Assistance SF-424
9. Type of Applicant 1: Select Applicant Type: Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)
*10 Name of Federal Agency: <u>Denali Commission</u>
11. Catalog of Federal Domestic Assistance Number: <u>90.100</u> CFDA Title: <u>Denali Commission Program Grants</u>
*12 Funding Opportunity Number: <u>DC-WP-24-001</u> *Title: <u>Denali Commission Program Grants</u>
13. Competition Identification Number: <u>NOT APPLICABLE</u> Title: <u>NOT APPLICABLE</u>
14. Areas Affected by Project (Cities, Counties, States, etc.):
15. Descriptive Title of Applicant's Project:

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant:	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date:	*b. End Date:
18. Estimated Funding (\$):	
*a. Federal	\$ _____
*b. Applicant	\$ _____
*c. State	\$ _____
*d. Local	\$ _____
*e. Other	\$ _____
*f. Program Income	\$ _____
*g. TOTAL	\$ _____ 0
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____	
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
☐ c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
☐ Yes ☐ No	
If "Yes", provide explanation and attach.	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)	
☐ ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
*First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____	
*Title: _____	
*Telephone Number: _____	Fax Number: _____
* Email: _____	
*Signature of Authorized Representative: _____	*Date Signed: _____

Section B: Project Information

Project Executive Summary: Provide an overview of your proposed infrastructure project

Are you Applying Under the Infrastructure Fund? ☐ Yes ☐ No

Program Area Classification - select the program area that best fits your project:

- | | | |
|---|---|---|
| ☐ Transportation
☐ Surface Transportation ☐ Waterfront | ☐ Village Infrastructure Protection
☐ Sanitation / Water
☐ Housing
☐ Broadband | ☐ Economic Development
☐ Workforce Development
☒ Other _____ |
| ☐ Energy | | |
| ☐ Healthcare/Community Wellness | | |

The Community served by the proposed project is considered by the 2023 Distressed Communities Report:

- ☐ Distressed ☐ Not Distressed

The Community served by the proposed project is considered Disadvantaged:

- ☐ Disadvantaged ☐ Not Disadvantaged

In the 2019 Statewide Threat Assessment, the community served by the proposed project is considered (check all boxes that apply):

- ☐ Threatened Group 1 ☐ Threatened Group 2 ☐ Threatened Group 3 ☐ Not Threatened

Project Narrative:

Description of Community Served/Place of Performance (population, demographics, culture, background, etc):

Project purpose with problem it intends to solve and intended outcomes:

Project Description/Scope of Work:

(Project background, impact/value, scope, and schedule by task with milestones and deliverables)

Project Description/Scope of Work (continued):

Organization, capacity, and delivery method (describe organization, experience with grants/projects, and who will complete the project):

Partnerships and Leveraged Funds:

Budget and Funding Narrative (explain budget and funding in words), including Financial Contact name, email, and phone number:

Applicant Name _____

Budget and Funding Summary

Date _____

Budget - By Category				
Item/Activity	Denali	Match	Total	Notes (Details on how Applicant Determined Estimated Costs)
Personnel & Fringe				
Travel				
Equipment				
Supplies				
Contractors				
Other				
Indirect				
TOTAL				

Budget - By Task						
Item/Activity (Match Tasks listed in Scope)	Denali	Funding Source #1	Funding Source #2	Funding Source #3	TOTAL	
Task 1:						
Task 2:						
Task 3:						
Task 4:						
TOTAL						

Funding Source			
Source	Reference	Amount	Notes
Denali Commission	This Action		
Applicant			
Other Funder			
Other Funder			
TOTAL			

Priority of Applications (ONLY if submitting more than one application)

List other applications and rank the priority of the projects, starting with the highest priority:

Project: _____

Project: _____

Project: _____

Appendix (10 Pages Maximum)

NOTE: If applying for energy and/or transportation specific projects, applicants are allowed an additional two pages to answer program-specific evaluation criteria, explained on Page 6 and 7 of the Funding Opportunity Announcement.